

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON HUMAN SERVICES

Alex Lee, Chair

SB 1234 (Alvarado-Gil) – As Amended June 8, 2026

SENATE VOTE: 36-0

SUBJECT: Dependency: fentanyl testing

SUMMARY: Requires the juvenile court, if it finds a risk of fentanyl use by a parent or guardian (parent) whose child has been removed from the home, to order the parent to submit to testing for fentanyl, as part of the services designed to eliminate the conditions that led to the child being removed.

EXISTING LAW:

- 1) Requires a social worker, if they have cause to believe that a child is suffering neglect or abuse, to immediately make any investigation they deem necessary to determine whether child welfare services should be offered to the family and whether proceedings in the juvenile court should be commenced. Requires the social worker, if it is determined that it is appropriate to offer child welfare services to the family, to make a referral to services and prohibits an inference regarding the credibility of the allegations or the need for child welfare services from being drawn from the mere existence of a child custody or visitation dispute. (Welfare and Institutions Code [WIC] § 328(a))
- 2) Authorizes the court to remove a child from parental custody if it finds the child cannot safely remain there. Requires any report submitted to the court by the social worker to include the child's individual case plan to address the family's core safety and placement issues. (WIC § 358)
- 3) Requires every court-ordered social study or evaluation for a dependent child to include a detailed factual discussion on several key elements regarding welfare and placement to determine if a child can safely return to a parent enrolled in a certified substance abuse treatment facility that allows the child to reside there. Outlines additional duties to document, including whether child protective services were offered, whether to recommend reunification or alternative permanent plans, and an evaluation of grandparent visitation and relative placements. (WIC § 358.1)
- 4) Requires the court to order child welfare services for the family when a child is removed from custody. Mandates court-ordered reunification services for 12 months after entering foster care if the child was three years of age or older when removed. Limits court-ordered reunification services to six months from the dispositional hearing if the child was under three years of age when initially removed. (WIC § 361.5(a))
- 5) Requires the court to hold a dispositional hearing to decide whether to order reunification services and requires the social worker to prepare a report discussing the provision of these services. Identifies previous service failure, substance-induced abuse, violent history, or unchangeable behavior as factors indicating reunification is unlikely to be successful. That the parent or guardian of the child has a history of extensive, abusive, and chronic use of

drugs or alcohol and has resisted prior court-ordered treatment for this problem during a three-year period immediately prior to the filing of the petition that brought that child to the court's attention, or has failed or refused to comply with a program of drug or alcohol treatment described in the required case on at least two prior occasions, even though the programs identified were available and accessible. Specifies that "resisted" means the parent refused to participate meaningfully in a prior court-ordered drug or alcohol treatment program and does not include "passive resistance," as described in *In re B.E.* (2020) 46 Cal.App.5th 932. (WIC § 361.5(b))

- 6) Authorizes the court, if a child is adjudged a dependent child of the court on the ground that the child has suffered abuse and neglect, to make any and all reasonable orders for the care, supervision, custody, conduct, maintenance, and support of the child, including medical treatment, subject to further order of the court. (WIC § 362(a))
- 7) Requires, if a child is adjudged a dependent child of the court on the ground that the child is has been abused or neglected, and the court orders that a parent shall retain custody of the child subject to the supervision of the social worker, the parents to be required to participate in child welfare services or services provided by an appropriate agency designated by the court. (WIC § 362(c))
- 8) Authorizes the juvenile court to direct any reasonable orders to the parents of the child who is the subject of any of these proceedings as the court deems necessary and proper. Specifies that order may include a direction to participate in a counseling or education program or other appropriate agency designated by the court. Requires the program in which a parent is required to participate to be designed to eliminate those conditions that led to the court's finding that the child has been abused or neglected. (WIC § 362(d))
- 9) Requires the case plan to be developed considering the recommendations of the child and family team, as follows:
 - a) The case plan shall be based upon an assessment of the circumstances that required child welfare services intervention. The child shall be involved in developing the case plan as age and developmentally appropriate; and,
 - b) The case plan shall identify specific goals and the appropriateness of the planned services in meeting those goals. (WIC §16501.1(g)(1-2))
- 10) Requires the court, when making reasonable orders to inquire whether a parent can afford the court-ordered services. (WIC § 362(f))
- 11) Specifies that if allegations of child abuse are made during a child custody proceeding and the court has concerns regarding the child's safety, the court may take any reasonable, temporary steps as the court, in its discretion, deems appropriate under the circumstances to protect the child's safety until an investigation can be completed. Authorizes the court, if allegations of child abuse are made during a child custody proceeding, to request that the local child welfare services agency conduct an investigation of the allegations and for the agency to report its findings to the court. (Family Code § 3027)

FISCAL EFFECT: This bill was keyed non-fiscal by the Legislative Counsel.

COMMENTS: This analysis only discusses policy issues germane to the Assembly Committee on Human Services.

Background: *When an Allegation of Neglect or Abuse is Made.* When a report comes in alleging a child may need protection from abuse, neglect, or both, a social worker investigates to figure out whether the family needs services and whether the case should go to juvenile court for removal of the child from the home. How the investigation is conducted is largely left to the social worker's discretion. If it is determined that services are warranted, the case can be referred for voluntary family support or moved toward a formal court petition depending on the severity of the findings. If the social worker finds that the child cannot remain safely in the home, they file a petition that brings the case into juvenile court where a judge takes over, and the formal dependency process begins which can include reunification or the termination of parental rights.

The Case Plan and Court Orders. Existing law gives the juvenile dependency judge the legal power to order parents to do things like attend therapy, complete drug tests, or provide medical care when a child has been removed from the home due to neglect or abuse. A social worker is required to collaborate with parents to create an initial case plan within 30 days of the child being taken into protective custody. At the jurisdiction hearing, the court determines whether the allegations are true. If the court finds the abuse and/or neglect allegations are true, the child is formally adjudged a dependent. The dispositional hearing is where the case plan is officially finalized, and the judge formally adopts the plan as outlined in the case plan, establishes the visitation terms, and issues specific requirements for the parents to meet. Any program or action the court mandates is required to specifically eliminate the exact conditions that led to the child being removed.

Drug testing is used as a monitoring tool within the reunification services ordered in the juvenile court, not as a standalone requirement. When substance use is a basis for removal, the case plan required under current law typically includes substance use disorder treatment, and testing is used to verify compliance and progress, which is then included in the six-month and twelve-month review hearings on whether to continue, modify, or terminate services.

Existing law lists bypass provisions, which are rules that determine when the state can deny the offering of reunification services, including where a parent has a history of "extensive, abusive, and chronic use of drugs or alcohol" and has resisted prior court-ordered treatment. Test results, or refusals, are often the basis for invoking or negating a bypass argument for reunification services.

SB 463 (Wahab), Chapter 714, Statutes of 2023, eliminated the prior evidentiary presumption that a parent's lack of participation or progress in a treatment program endangers the child for return-of-custody purposes which means a positive test or treatment lapse is no longer automatically dispositive. This means a positive test is only one factor the court considers, which reflects an individualized, less systematic weight on test results.

This bill would order a parent to submit to testing for fentanyl if the juvenile court finds a risk of fentanyl use.

What Typically Happens When a Parent Tests Positive. There is no single statewide mandated consequence for parents in the juvenile court who test positive for substances. In practice, county child welfare agencies and courts treat a positive test as one data point used as a case-by-case judgment, to generally assess multiple factors. For example, a single positive test for a substance

with a documented prescription, versus repeated positives, or a no-show or refused test can provide insight on the severity or frequency of substance use. Determinations of whether the substance and pattern of use are impairing the parent's capacity to safely supervise the child is the current standard under existing law, not the use itself.

Where in the case timeline a positive test occurs can also help determine the impact on reunification. For example, a positive test pre-disposition can support removal or more restrictive visitation, while a mid-reunification positive test typically triggers an updated case plan, increased testing frequency, or change to outpatient or residential treatment. When a positive test occurs closer to a review hearing, it can factor into the court's reasonable services and progress findings. Some commonly used options that don't include termination of parental rights include increased testing frequency, referral to a higher level of treatment, requiring a sober support person to be present, and adjusted visitation, i.e. supervised vs. unsupervised. Removal or non-reunification is reserved for chronic, unaddressed use connected to demonstrated risk to the child, as compared to the existing bypass criteria. Social workers are authorized to exercise discretion, and practice varies by county and judicial officer.

How Counties Currently Decide What is Included on Drug Testing Panels. Counties contract with toxicology vendors often through the county's alcohol and drug services department or court-affiliated testing contractor for standardized urine panels, typically built on a 5- or 10-panel template to include THC, cocaine, opiates, amphetamines/methamphetamine, PCP, sometimes benzodiazepines, and barbiturates. Standard 5- and 10-panel tests do not detect fentanyl by default, because fentanyl is structurally a synthetic opioid distinct from the semi-synthetic opiates such as morphine, codeine, heroin. Detecting fentanyl requires a separately ordered, specific fentanyl test.

Similar to fentanyl, xylazine, also known as “tranq,” is not detected on a standard drug testing panel and would need to be specifically ordered in order to capture whether someone is using it. Kratom, which is legal in most of California, but unregulated, has been the subject of an increasing number of poison-control calls and is also not detectable on a standard drug panel. The federal Health and Human Services Agency added fentanyl to the federal Substance Abuse and Mental Health Services Administration workplace testing panel effective July 2025, and the federal Department of Transportation is similarly in progress for employment testing.

What constitutes a drug panel is a vendor and contract decision, not something statute currently specifies substance-by-substance. Caseworkers or the court can request an expanded panel, but doing so is ad hoc and requires someone to specifically ask for it, and may cost more. Illicit drugs typically evolve faster than a fixed drug panel can keep up with.

Drugs with Legitimate Medical Use vs. Illicit Substances. For prescription opioids, benzodiazepines, amphetamine-class stimulants (e.g., ADHD medication) a positive result is not treated by the court as a violation if the parent has a valid, disclosed prescription and is taking it as directed. Caseworkers typically request medication verification rather than treating the positive as equivalent to illicit use and verify whether the dose or use pattern is consistent with the prescription and whether it impairs caregiving.

When it comes to illicit substances with no legitimate use (methamphetamine, illicitly manufactured fentanyl, or tranq/xylazine, their presence itself is problematic, since there is no legitimate explanation to rule out. Marijuana falls in between because it is legal under state law,

but a positive test still gets evaluated as any other substance in a dependency case and legality doesn't exempt it from the requirements to keep a child safe.

Pharmaceutical fentanyl which is prescribed, comes in a variety of forms including patches, lozenges, IV formulations, and pills, all at standardized doses. While the risk of a child mistakenly accessing these forms of fentanyl exists, it is similar to other prescription medications in the home as opposed to illicit fentanyl which exists in a far more potent form.

Illicit fentanyl is functionally different from other street drugs for many reasons. Tranq is typically knowingly used by people seeking its specific effects and a user is generally aware they're taking it. What makes fentanyl especially risky is the involuntary and unknowing exposure. It is frequently used as an additive or substitute in counterfeit pills that are pressed to resemble Xanax, Percocet, Adderall, or oxycodone and mixed into other drug supplies such as cocaine, methamphetamine, and heroin without the end user's knowledge. The federal Department of Drug Enforcement's testing has found that roughly half of counterfeit pills seized in recent years contained a potentially lethal dose. This is why the California Department of Education's 2022 guidance to California schools emphasized that "most of our young victims ingested fentanyl accidentally, thinking they were using something less dangerous."¹

Fentanyl is roughly 50-100x more potent than morphine and heroin by weight, meaning an amount too small to see or taste can be fatal, including for a household member or child who contacts trace residue, not just someone who knowingly uses the drug. The unknowing-exposure and trace-lethality dynamics are fentanyl-specific and not true of, say, cannabis or even most prescription opioid misuse.

This bill would require parents who have a child in the dependency court and are found by the juvenile court to be at risk of fentanyl use to submit to its testing. *This bill* only affects what is on a urine panel administered to a parent who is already (a) in an open dependency case, and (b) already subject to a testing order or fentanyl-risk finding.

Author's Statement: According to the Author, "This measure is intended to honor the memory of children who have tragically lost their lives due to fentanyl poisoning and to recognize the profound impact these losses have had on families and parents across communities. [This bill] addresses a critical gap in existing law by ensuring that when a juvenile court finds a risk of fentanyl use by a parent or guardian in dependency proceedings, the court may obtain information necessary to assess that risk through drug testing. Under current law, courts have discretion to order drug testing in cases where a child has been adjudged a dependent of the court due to abuse, neglect, or unsafe living conditions. However, existing law does not specifically address situations in which there is a concern regarding fentanyl use, despite the unique dangers posed by this highly potent synthetic opioid.

"This bill adds a new subsection to Section 362 of the Welfare and Institutions Code requiring a juvenile court to order testing when it finds a risk of fentanyl use by a parent or guardian. The bill focuses on circumstances in which a court identifies a specific concern regarding fentanyl use and ensures that courts have access to information necessary to make informed decisions regarding child safety and family reunification. By addressing fentanyl-related risks in

¹ <https://www.cde.ca.gov/nr/el/le/yr22ltr1027.asp>

dependency proceedings, the bill responds to one of the most dangerous and prevalent substances contributing to the ongoing opioid crisis.

“The dangers of fentanyl must be addressed to better protect children and support families. Fentanyl is a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine, and even a minuscule amount can be fatal. It is a factor in approximately 69 percent of overdose deaths, with nearly 73,000 deaths attributed to fentanyl overdoses in 2023 alone. Tragically, fentanyl poisonings among children have risen dramatically, increasing more than 900 percent among children under age 12 between 2015 and 2023.

“[This bill] strengthens child safety during the reunification process. When a court identifies a risk of fentanyl use by a parent or guardian, this bill ensures that the court has access to information necessary to make informed decisions that prioritize the well-being of children and help prevent further loss of life.”

Equity Implications: Families of color, and Black families in particular, are disproportionately represented at every stage of California’s child welfare system, including investigation, substantiation, and removal, at rates that research attributes to systemic factors beyond differences in actual rates of abuse or neglect. Research further finds that drug-testing decisions in child welfare contexts are not applied uniformly across racial lines. Pregnant Black women are screened for drug use at approximately four times the rate of white women, even absent any prior substance-abuse report. To the extent that *this bill* leaves the “risk of fentanyl use” undefined, it risks amplifying these existing disparities in how substance-use allegations are identified and acted upon across different families.

Policy Considerations: The provisions of *this bill* require the juvenile court to order a parent to submit to fentanyl testing if the court finds a risk of fentanyl use. “Risk of fentanyl use” is not defined anywhere in *the bill* or in existing dependency standards. It is unclear what evidentiary showing is required for a court to make this finding, or how it differs from the general “necessary and proper” standard already governing every other order under existing law.

Should this bill move forward, the Author may wish to consider defining what constitutes being considered at risk of fentanyl use.

Additionally, the provisions of *this bill* are only applicable to families whose children are already dependents of the court due to neglect or abuse. *This bill* would not apply to a family whose case was screened out, evaluated out, or diverted to voluntary family maintenance services at the initial investigation stage, even in circumstances where suspected fentanyl or opioid use exists. Several cases of the deaths of children in California related to fentanyl involved children who died before a dependency case existed. Child welfare policy has historically focused more on responding to harm after it occurs than on preventing it in the first place, but recent shifts have emphasized the importance of preventing families from coming into care. Expanding the reach of *this bill* by assessing families at the investigation stage for fentanyl exposure is in line with an increased focus on prevention. By including families who are in contact with the child welfare system but haven’t yet had their children formally removed, means more children stay safely at home, and more families get help before the situation deteriorates to the point where court involvement becomes unavoidable.

Should this bill move forward, the Author may wish to consider documenting a risk of exposure to fentanyl in the investigative phase in addition to once a child has been adjudged a dependent of the court.

This bill does not address access to harm reduction strategies or safe storage for parents who have been deemed to be at risk of fentanyl use.

Should this bill move forward, the Author may wish to consider requiring the case plan to include harm reduction information.

Proposed Committee Amendments: The Committee proposes amendments to address policy considerations stated above to do the following:

- Providing that a finding of risk of fentanyl use shall be based on evidence which may include, but not be limited to, any of the following: a prior positive test for fentanyl or opioids; or a documented licensed medical professional opinion regarding signs of fentanyl or opioid use or other behavior indicating a risk of fentanyl use.
- Require a social worker to document whether a risk of fentanyl or opioid exposure to the child was assessed when an initial investigation involves an allegation that a parent has used or is under the influence of fentanyl or other opioids to capture families before their child is a dependent of the juvenile court.
- Require, if the court finds a parent at risk of fentanyl use, that the case plan include the following:
 - Information on the proper storage of controlled substances and prescription medications in a manner inaccessible to children, including, where appropriate, a lock box or other secure storage device.
 - Access to fentanyl test strips and education on their use, consistent with resources available through the Naloxone Distribution Project or successor program under the California Department of Public Health.
 - Access to naloxone and training on its administration for all adult members of the household.
 - Referral to an in-home safety assessment to identify and remediate accessible drug paraphernalia or residue in areas of the home where the child has access.

Double referral: This bill was previously heard in the Assembly Judiciary Committee on June 16, 2026, and was approved on a 12-0 vote.

Arguments in Support: The California Consortium of Addiction Programs and Professionals states, “. . .the bill does not expand the circumstances under which testing may be ordered; it simply ensures that when testing is already deemed necessary, it includes screening for the substance most responsible for overdose deaths in California. This is a responsible, targeted approach that strengthens the dependency system without imposing unnecessary burdens on families or providers.

Arguments in Opposition: The Drug Policy Alliance states, “The basis for ordering drug testing included in the bill, that a parent or guardian is “at risk of fentanyl use” is highly vague and subjective. It is unclear what evidence would likely be presented to establish “risk of fentanyl use,” but such vague evidentiary showings create a substantial risk of being influenced by implicit biases¹ and have historically been associated with racial disparities in our court systems. Given the court's existing authority to order drug testing, there is no demonstrated need to single out fentanyl testing in statute. Doing so may create unintended consequences, including increased costs to both families and courts, while providing little to no additional benefit beyond the discretion courts already possess under current law.”

RELATED AND PRIOR LEGISLATION:

SB 463 (Wahab), Chapter 714, Statutes of 2023, see comments above.

AB 954 (Bryan), Chapter 552, Statutes of 2023, clarifies that a parent or guardian shall not be considered to be non-compliant with the court-ordered case plan when there is evidence that the parent or guardian is unable to pay for a court-ordered service, or when payment for a service would create an undue financial hardship to the parent or guardian.

AB 788 (Calderon), Chapter 201, Statutes of 2021, clarified the meaning of "resisted" within current provisions that enable a juvenile dependency court to deny reunification services for a parent with a history of drug or alcohol abuse.

SB 977 (Liu), Chapter, 219, Statutes of 2014, imposed additional duties on social workers to include in each social study, evaluation, and supplemental report to the courts, a factual discussion of whether a child can be returned to the custody of their parent who is enrolled in a certified substance use treatment facility that allows a dependent child to reside with their parent. Further, required courts to consider whether a child can be returned to the custody of their parent in these situations.

REGISTERED SUPPORT / OPPOSITION:

Support

California Consortium of Addiction Programs and Professionals

Opposition

A New Path
Alliance for Boys and Men of Color
California Coalition for Women Prisoners
Community Works West
Courage California
Drug Policy Alliance
Ella Baker Center for Human Rights
Justice2Jobs Coalition
La Defensa
Los Angeles Dependency Lawyers, INC
San Francisco Public Defender
Sister Warriors Freedom Coalition

Starting Over Strong
Starting Over, INC.
Youth Justice Coalition

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